

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WT	62007	2/25/00
O.I.P.E. CLASSIFIER		7	2/25/00
FORMALITY REVIEW		65955	5/1/01
RESPONSE FORMALITY REVIEW			5/1/01

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Claim	Date
1	Final Original 2/27/2002
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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
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 — (Through numeral)... Canceled A ..... Appeal  
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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